WHCOA Listening Session
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Summary of Remarks

Key points:

- The changing relationship between patients and their providers as a result of information technology.
- Shortage of trained geriatricians and proposed solutions through Congressional and CMS action.
- The role of other providers in geriatric care and the need for increased collaboration.

Dr. Brummel-Smith focused his remarks on medical care in the future. He identified the changing nature of the relationship between patients and their providers as a result of the advent of information systems. Research has shown that significant portions of patients want to be told where to find information and then go and get it. He indicated that baby boomers will want to participate and be involved in decision-making regarding their care and will want to conduct their own information search through the use of the Internet. Dr. Brummel-Smith indicated that Congress and CMS should develop reimbursement methods for using information technology in the care of patients.

Dr. Brummel-Smith stated that the use of information will become increasingly important as we shift from acute care to chronic disease management, and that already some practices are focusing on incorporating advance methods of sharing information and using email to answer questions and guide patients in their own searches for literature. Geriatricians and other care providers in the future will need to become expert information managers and utilize information therapy techniques. With the increased use of electronic medical records, providers will be able to automatically provide information to patients that will guide them in their care of chronic diseases as well as fill out prescriptions that will be easy to read. These changes will be facilitated by a growing emphasis on evidence-based medicine.

Dr. Brummel-Smith next spoke about the shortage of geriatricians in the United States. He stated that from 1998 to 2004,there has been a 34 % reduction in number of certified geriatricians in the United States. During the 1990s there was a decrease in the number of medical school graduates choosing primary care, which limits the number of applicant for fellow ship training in geriatrics. With the expected retirement of many geriatricians and the low numbers of primary care residents, the number of residents is significantly lower than what we needed. Currently the national average of geriatricians is. 5.5 per 10,000

persons over the age of 75. Some states with the highest percent of older persons have the lowest percentage of geriatricians. Florida ranks 47 and has only 3.4 geriatricians per 10,000 elders.

Dr. Brummel-Smith indicated that this discrepancy occurs due to Medicare reimbursement policies. Medicare reimbursement for providers is modeled on older, more traditional primary care practices, which include about 20 % of older people in family practice and 30% in general medicine practice. Geriatric care tends to be predominantly if not completely Medicare reimbursed, and geriatricians are the lowest paid. He urged Congress and the Centers for Medicare and Medicaid to recognize that a provider deficit is upon us, and take steps to increase the production number of primary care providers, geriatricians, and geriatric nurse practioners.

Dr. Brummel-Smith concluded with a discussion of the role of other providers in geriatric care. Geriatric medicine has always been interdisciplinary, and if it does survive, it will become increasingly so. Nurse practioners and physician assistants are likely to become the main providers of routine services, while geriatricians focus on more complex cases and situations while coordinating the work of multiple specialists as needed. Geriatricians will also play a major role in assisting patients and caregivers in making major decisions about appropriateness about intensive technological interventions. The question medicine must answer is how can we learn to be better collaborators.